

Amend Saf-C 5901.04(c), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5901.04 (c) An emergency medical service unit and its medical resource.

Readopt with amendment Saf-C 5901.53 – 5901.55, effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5901.53 “EMT-basic (EMT-B)” means a person who has successfully completed the EMT-basic training program developed by the USDOT, NHTSA, emergency medical technician-basic national standard curriculum, dated 1994, the division developed EMT-B transition program, dated 2006, and who has successfully completed the division approved EMT-basic testing process. The term includes “National Registry EMT-B”, “NREMT-basic” and “NREMT-B”.

Saf-C 5901.54 "EMT-intermediate (EMT-I)" means a person who has successfully completed the EMT-intermediate training program developed by USDOT, NHTSA, emergency medical technician-intermediate national standard curriculum, dated 1985, the division developed EMT-B and EMT-I transition programs, dated 2006, and who has successfully completed the division approved EMT-intermediate testing process. The term includes “National Registry EMT-I”, “NREMT-intermediate” and “NREMT-I”.

Saf-C 5901.55 “EMT-paramedic (EMT-P)” means a person who has successfully completed the EMT-paramedic training program developed by USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 1998, the division developed EMT-P transition program, dated 2006, and who has successfully completed the division approved EMT-paramedic testing process. The term includes “National Registry EMT-P”, “NREMT-paramedic” and “NREMT-P”.

Readopt with amendment Saf-C 5901.67, effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5901.67 “Head of Unit” means the person who is responsible for the administration of the overall leadership of an emergency medical service unit.

Repeal Saf-C 5901.86, effective May 21, 2002 (Doc. #7690) and hold said section in RESERVE.

[Saf-C 5901.86 "Local option" means “local option” as defined in RSA 153-A:2, XII.]  
RESERVED

Readopt with amendment Saf-C 5901.90 and Saf-C 5901.91, effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5901.90 "Medical director" means a medical resource hospital physician who has the oversight of the following:

- (a) Education;
- (b) Leadership;
- (c) Advice;
- (d) Critiques;
- (e) Quality control and] Performance improvement;
- (f) Medications; and
- (g) Treatment modalities.

Saf-C 5901.91 "Medical resource hospital (MRH)" means the acute care hospital(s) through which units obtain medical control.

Adopt Saf-C 5901.1141 to read as follows:

Saf-C 5901.1141 "Quality management program" means "quality management program" as defined in RSA 153-A:34, I(a) and shall include the term performance improvement.

Readopt with amendment Saf-C 5901.29, effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5901.129 "Transition program" means a division approved training program designed to provide the additional knowledge and skills objectives included in a revised curricula which is not contained in the original curricula of the same level. The term includes "transition module".

Adopt Saf-C 5902.001 to read as follows:

Saf-C 5902.001 Adoption of New Hampshire Patient Care Protocols. Pursuant to RSA 153-A:5 III (d) and RSA 153-A:7 II, the NH patient care protocols, approved by the EMS Medical Control Board, dated 2005, as set forth in Appendix I, shall hereby be adopted as the statewide protocols for prehospital patient care.

Amend Saf-C 5902.02(f), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5902.02 Medical Resource Hospital.

(f) The MRH shall be responsible for oversight of the patient care procedures of the unit and shall act as the intermediary between the unit and the receiving hospital/facility concerning patient care or provider conduct.

Amend Saf-C 5902.03(e), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5902.03 Communications.

(e) A request for dispatch of air medical transport to the scene of an emergency may be made by providers licensed pursuant to this chapter and in accordance with the New Hampshire patient care protocols, dated 2005.

Amend Saf-C 5903.03(a), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph (3) to read as follows:

Saf-C 5903.03 Unit Licensing Requirements.

(a)

(3) Proof of a current written MRH agreement as defined in Saf-C 5921.01 (c).

Amend Saf-C 5903.04(c) – (e), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5903.04 Provider Licensing Requirements.

(c) Each applicant applying for an initial EMT-basic provider license shall provide the following with the application:

- (1) A current certificate of CPR training as defined in Saf-C 5901.31;
- (2) Current proof of registration at the EMT-B classification level with the National Registry;
- (3) A current certificate of successful completion of the division developed EMT-B transition program,
- (3) Current proof of successful completion of a division developed written protocol examination as per Saf-C 5922.03.
- (5) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
  - a. The licensed unit; or
  - b. A patient/health care setting, performing EMT-B skills under medical control.

(d) Each applicant applying for an initial EMT-intermediate provider license shall provide the following with the application:

- (1) A current certificate of CPR training as defined in Saf-C 5901.31;

- (2) Current proof of registration at the EMT-I classification level with the National Registry;
- (3) A current certificate of successful completion of the division developed EMT-B and EMT-I transition programs;
- (4) Current proof of successful completion of a division developed written protocol examination as per Saf-C 5922.03; and
- (5) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
  - a. The licensed unit; or
  - b. A patient/health care setting, performing EMT-I skills under medical control.

(e) Each applicant applying for an initial EMT-paramedic provider license shall provide the following with the application:

- (1) A current certificate of CPR training as defined in Saf-C 5901.31;
- (5) Current proof of registration at the EMT-P classification level with the National Registry;
- (6) A current certificate of successful completion of the division developed EMT-P transition program;
- (7) Current proof of successful completion of a division developed written protocol examination as per Saf-C 5922.03; and
- (8) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:
  - a. The licensed unit; or
  - b. A patient/health care setting, performing EMT-P skills under medical control.

Amend Saf-C 5903.05(a)(2)-(3), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5903.05 Physician, Physician Assistant, Registered Nurse Provider Licensing Requirements.

- (a)
  - (2) Current proof of registration at the FR, EMT-B, EMT-I or EMT-P classification level with the National Registry;
  - (3) A current certificate of successful completion of the division developed EMT-B and/or I or P transition programs, as appropriate;
  - (4) Current proof of successful completion of a division developed written protocol examination as per Saf-C 5922.03; and

(5) A written statement signed by the primary EMS service's head of unit affirming that the applicant is affiliated with:

- a. The licensed unit; or
- b. A patient/health care setting, performing EMT-B, I or P skills under medical control.

Amend Saf-C 5903.09(c)(3), effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5903.09 Unit and Provider License Renewal Process.

(c)

(3) For non-nationally registered EMT-B providers by providing the following with the application:

- a. A current certificate of CPR training as defined in Saf-C 5901.31;
- b. The division approved "Certificate of Completion" which shall include documentation of the transition program in accordance with Saf-C 5913;
- c. Proof of unit affiliation in accordance with Saf-C 5903.04(c)(3); and
- d. Proof of successful completion of a division developed written protocol examination Saf-C 5922.03.

Amend Saf-C 5903.09(c)(4), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph d. so that said subparagraph reads as follows:

Saf-C 5903.09 Unit and Provider License Renewal Process.

(c)

(4)

- b. Current proof of registration at the EMT-B classification level with the National Registry;
- c. Proof of unit affiliation in accordance with Saf-C 5903.04(c)(3); and
- d. Proof of successful completion of a division developed written protocol examination in accordance with Saf-C 5922.03.

Amend Saf-C 5903.09(c)(5), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph d. so that said subparagraph reads as follows:

Saf-C 5903.09 Unit and Provider License Renewal Process.

(c)

(5)

- b. Current proof of registration at the EMT-I classification level with the National Registry;
- c. Proof of unit affiliation in accordance with Saf-C 5903.04(d)(3); and
- d. Proof of successful completion of a division developed written protocol examination in accordance with Saf-C 5922.03.

Amend Saf-C 5903.09(c)(6), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph d. so that said subparagraph reads as follows:

Saf-C 5903.09 Unit and Provider License Renewal Process.

(c)

(6)

- b. Current proof of registration at the EMT-P classification level with the National Registry;
- c. Proof of unit affiliation in accordance with Saf-C 5903.04(e)(3); and
- d. Proof of successful completion of a division developed written protocol examination in accordance with Saf-C 5922.03.

Amend Saf-C 5903.09(c)(7), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph c. so that said subparagraph reads as follows:

Saf-C 5903.09 Unit and Provider License Renewal Process.

(c)

(7)

- a. A current certificate of CPR training as defined in Saf-C 5901.31;

- b. Documentation in accordance with Saf-C 5903.05; and
- c. Proof of successful completion of a division developed written protocol examination in accordance with Saf-C 5922.03.

Amend Saf-C 5904.08(d), effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d) Each unit's land and water vehicle(s) operating at a basic-level of patient care shall include the following operable equipment, at minimum:

Amend Saf-C 5904.08(d)(2)b., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(2)

- b. At minimum, 4 bag-valve-mask resuscitators, which shall include at minimum:

Amend Saf-C 5904.08(d)(2)b.2., effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph (i) and renumbering the remaining subparagraphs so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(2)

b.

- 2. A bag in sizes to accommodate:

- (i) Neonate;

- (ii) Infant;

(iii) Child; and

(iv) Adult; and,

Amend Saf-C 5904.08(d)(2)b.3., effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph (i) and renumbering the remaining subparagraphs so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(2)

b.

3. Transparent masks and valves which shall be sized at:

(i) Neonate;

(ii) Infant;

(iii) Child; and

(iv) Adult;

Amend Saf-C 5904.08(d)(3), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph f. so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(3)

d. One pocket mask which shall have a one-way valve;

e. At minimum, 6 nasopharyngeal airways in sizes ranging from infant to large adult; and

f. At minimum, 2 simple transparent oxygen masks sized to accommodate the following;

(i) Infant; and

(ii) Child;

Amend Saf-C 5904.08(d)(4)a., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:



Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(4)

a. A minimum of 8 suction catheters sized as follow:

- (i) Wide bore;
- (ii) 5 French (FR);
- (iii) 6 FR;
- (iv) 8 FR;
- (v) 10 FR;
- (vi) 12 FR;
- (vii) 14 FR; and
- (viii) 16 FR;

Amend Saf-C 5904.08(d)(6)a., effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph 3. and renumbering the remaining subparagraph so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(6)

a.

- 2. Immobilize the injured portion of the limb;
- 3. Be able to accommodate adult and pediatric patients, and
- 4. Be available in each of the following sizes:
  - (i) Full arm;
  - (ii) Full leg;
  - (iii) Half arm; and
  - (iv) Half leg;

Amend Saf-C 5904.08(d)(7)a., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(7)

- a. Prepackaged activated charcoal with sorbitol, which shall have a current effective date;

Amend Saf-C 5904.08(d)(10)o., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

- o. A minimum of one pediatric length based resuscitation tape;

Amend Saf-C 5904.08(d)(10), effective May 21, 2002 (Doc. #7690) by inserting new subparagraphs p. and q. and renumbering the remaining subparagraph so that the existing p. becomes r. to read as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

- p. An adult and pediatric Glasgow Coma Scale reference guide;
- q. An adult and pediatric Trauma Scale reference guide;

Amend Saf-C 5904.08(d)(10)z., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

ab. By December 31, 2008, all emergency medical service vehicles shall have one portable defibrillator with adult and pediatric defibrillation capabilities, which shall be operational, meet the standards of the US Food and Drug Administration, and include:

Amend Saf-C 5904.08(d)(10)z. 1., effective May 21, 2002 (Doc. #7690) so that said subparagraph reads as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

z.

1. At least 4 sets of defibrillator pads in the following sizes;

(i) 2 sets of adult size pads; and

(ii) 2 sets of pediatric size pads;

Amend Saf-C 5904.08(d)(10)aa. - ad, effective May 21, 2002 (Doc. #7690) so that said subparagraphs read as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

ac. At least 2 complete blind insertion airway sets, not to include oral or nasal airways as defined in Saf-C 5904.08 (d) (2) (a.) and (d) (3) (a.);

ad. At least one infant/child safety seat that will accommodate a child from 5 to 80 pounds;

ae. One current "emergency response guidebook" for hazardous materials incidents, as published by the USDOT, research and special programs administration and supplied by the division;

- af. One pair of binoculars, appropriate for use at incidents referred to in (10)ac. above, to assist in the protection of the provider(s);

Amend Saf-C 5904.08(d)(10), effective May 21, 2002 (Doc. #7690) by inserting new subparagraphs ag. and ah. so that said subparagraphs read as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(d)

(10)

- ag. At least one blood glucose measuring device; and

- ah. At minimum, 24 alcohol preparation pads.

Amend Saf-C 5904.08, effective May 21, 2002 (Doc. #7690) by inserting paragraphs (e) and (f) so that said paragraphs read as follows:

Saf-C 5904.08 Vehicle Equipment and Supplies.

(e) Each unit's land and water vehicle(s) operating at the EMT-Intermediate level of patient care shall include all the basic-level equipment in (d) above and the following additional equipment shall be required:

(1) Intravenous Administration Equipment to include;

- a. At minimum, 2 each of the following intravenous catheters:

1. 14 gauge;
2. 16 gauge;
3. 18 gauge;
4. 20 gauge;
5. 22 gauge;, and
6. 24 gauge;

- b. At minimum, 2 each administration sets with a minimum of 2 medication ports;

1. Macro sets; and,
2. Macro sets; or

3. Pump set;
  - c. At minimum, 2 intravenous extension tubing sets;
  - d. At minimum 2 bioclusive intravenous site dressings;
  - e. At minimum, 2 tourniquets;
  - f. At minimum, 2 arm boards:
    1. One adult sized;
    2. One pediatric sized;
  - g. At minimum, 4 1000 ml bag of normal saline solution;
- (2) At minimum, 2 blood draw sample sets including tubes and devices for sample collection;
- (3) Medication administration equipment to include the following:
  - a. Approved medications as per the “2005 New Hampshire Patient Care Protocols”, developed by the division and approved by the EMS medical control board and the NH Board of Pharmacy, that shall each have a current expiration date;
  - b. At minimum, 2 each of the following syringes;
    1. 1 cc;
    2. 3 or 5 cc;
    3. 10 or 12 cc; and
    4. 20 cc;
  - c. At minimum, 2 each of the following needles;
    1. 19 gauge;
    2. 21 gauge;
    3. 25 gauge;
    4. 27 gauge; and
    5. Filter needles.
- (4) At minimum, 4 nebulizer delivery devices with the following;
  - a. Oxygen connective tubing;

b. Saline bullets; and

c. Medication reservoir.

(5) At minimum, one pulse oximeter; and

(6) One current medication reference book.

(f) Each unit's land and water vehicle(s) operating at the EMT-Paramedic level of patient care, shall include all the basic-level equipment in (d) above, all the intermediate-level equipment in (e) above and the following additional equipment shall be required:

(1) Ventilation and airway equipment to include;

a. At minimum, 2 cricothyroidotomy sets:

1. One surgical; and

2. One needle device.

b. At minimum, 1 endotracheal tube set, including;

1. Uncuffed tubes, sized as follow:

(i) Size 2.0;

(ii) Size 2.5;

(iii) Size 3.0;

(iv) Size 3.5;

(v) Size 4.0;

(vi) Size 4.5;

(vii) Size 5.0;

(viii) Size 5.5; and

(ix) Size 6.0;

2. Cuffed tubes, sized as follow:

(i) Size 5.0;

(ii) Size 5.5;

(iii) Size 6.0;

- (iv) Size 6.5;
  - (v) Size 7.0;
  - (vi) Size 7.5;
  - (vii) Size 8.0;
  - (viii) Size 8.5; and
  - (ix) Size 9.0;
- c. At minimum, 4 stylettes for use with endotracheal tubes:
- 1. 2 adult sized; and
  - 2. 2 pediatric sized;
- d. At minimum, 2 10 cc syringes;
- e. At minimum, 2 commercial endotracheal tube (ETT) securing devices;
- f. At minimum, 2 laryngoscopes with the following additional equipment:
- 1. One extra set of batteries; and
  - 2. One extra bulb;
- g. At minimum, 9 laryngoscope blades in each of the following sizes;
- 1. Straight blades:
    - (i) Size 0;
    - (ii) Size 1;
    - (iii) Size 2;
    - (iv) Size 3; and
    - (v) size 4;
  - 2. Curved blades:
    - (i) Size 1;
    - (ii) Size 2;
    - (iii) Size 3; and

(iv) Size 4;

h. At minimum, 2 end tidal carbon dioxide (CO<sub>2</sub>) detectors;

i. At minimum, 2 esophageal detector devices, sized as follows:

1. One adult sized; and
2. One pediatric sized;

j. At minimum, 2 magill forceps in the following sizes;

1. One adult size; and
2. One pediatric sized;

k. At minimum, 7 nasogastric tubes sized as follow:

1. 5 FR;
2. 6 FR;
3. 8 FR;
4. 10 FR;
5. 12 FR;
6. 14 FR; and
7. 16 FR;

l. At minimum, 2 hospital or commercially prepackaged needle decompression kits; and

m. At minimum, one meconium aspirator;

(2) Monitoring equipment as follows;

a. Manual defibrillator with the following capabilities:

1. Pediatric defibrillation;
2. Adult defibrillation;
3. Pacing; and
4. Cardioversion;

b. The defibrillator listed in a. above shall have the following additional



equipment:

1. Extra monitor batteries;
  2. Extra electrodes:
    - (i) Pediatric;
    - (ii) Adult; and
  3. Extra recording paper; and
- (3) At minimum, 2 sets of interosseous needles with syringes in the following sizes;
- a. Adult; and
  - b. Pediatric.

Amend Saf-C 5905.04(d)(2)c., effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5905.04 Provider License Application Form.

(d)

(2)

- c. Non-nationally registered New Hampshire EMT-basic (NHEMT);

Amend Saf-C 5905.04(d), effective May 21, 2002 (Doc. #7690), by inserting a new subparagraph (3) and renumbering the remaining subparagraphs so that the existing (3) becomes (4) to read as follows:

Saf-C 5905.04 Provider License Application Form.

(d)

- (3) Document initial or renewal application;

Amend Saf-C 5910.02(d)(1), effective May 21, 2002 (Doc. #7690) by inserting a new subparagraph h. and renumbering the remaining subparagraphs so that the existing h. becomes i. to read as follows:

Saf-C 5910.02 Authority to Establish Courses Form.

(d)

(1)

h. Transition Program Type:

1. IFTE;
2. EMT-B;
3. EMT-I;
4. EMT-P;

Amend Saf-C 5911.02, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (b) and renumbering the remaining paragraphs so that the existing (b) becomes (c) so that said paragraph reads as follows:

Saf-C 5911.02 EMT-Basic Provider Training.

(b) The division developed EMT-B transition program, dated 2006.

Amend Saf-C 5911.03, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (c) and renumbering the remaining paragraphs so that the existing (c) becomes (d) so that said paragraph reads as follows:

Saf-C 5911.03 EMT-Intermediate Provider Training.

(c) The division developed EMT-B and EMT-I transition programs, dated 2006.

Amend Saf-C 5911.04, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (c) and renumbering the remaining paragraphs so that the existing (c) becomes (d) so that said paragraph reads as follows:

Saf-C 5911.04 EMT-Paramedic Provider Training Process.

(c) The division developed EMT-P transition program, dated 2006.

Amend Saf-C 5913.02, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (b) and renumbering the remaining paragraphs so that the existing (b) becomes (c) so that said paragraph reads as follows:

Saf-C 5913.02 EMT-Basic RTP Process.

- (b) Successful completion of the division developed EMT-B transition program; and

Amend Saf-C 5913.03, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (b) and renumbering the remaining paragraphs so that the existing (b) becomes (c) so that said paragraph reads as follows:

Saf-C 5913.03 EMT-Intermediate RTP Process.

- (b) Successful completion of the division developed EMT-B and EMT-I transition programs; and

Amend Saf-C 5913.04, effective May 21, 2002 (Doc. #7690) by inserting a new paragraph (b) so that said paragraph reads as follows:

Saf-C 5913.04 EMT-Paramedic RTP Process.

- (a) A course which meets the standards of the USDOT, NHTSA, emergency medical technician-paramedic national standard curriculum, dated 2001, and which shall be valid for a period of 2 years from the date of successful course completion; and
- (b) Successful completion of the division developed EMT-P transition program.

Adopt Saf-C 5921.001 to read as follows:

Saf-C 5921.001 Collaboration between Medical Director and Head of Unit.

- (a) The head of unit and medical director shall collaborate with one another in regards to the following:
  - (1) Education;
  - (2) Advice;
  - (3) Critiques;
  - (4) Medications;
  - (5) Treatment modalities and performance improvement.

Readopt with amendment Saf-C 5921.01, effective May 21, 2002 (Doc. #7690) to read as follows:

Saf-C 5921.01 Responsibilities.

(a) The procurement, storage and security of controlled prescription drugs shall be regulated in accordance with 21 CFR 1300.

(b) The procurement, storage and security of non-controlled prescription drugs shall be defined by the unit's MRH, in accordance with the New Hampshire patient care protocols, dated 2005.

(c) Responsibilities between the unit and the unit's MRH shall be in writing and shall include, at minimum:

- (1) The name and mailing address of the MRH;
- (2) The name and mailing address of the unit;
- (3) Provisions for sharing of patient demographic data;
- (4) Provisions for medical control as defined in RSA 153-A:2 XV;
- (5) The name of the medications approved for use under the NH Patient Care Protocols, dated 2005; and
- (6) Provisions for the supply and control of medications.

(d) A copy of each responsibility between the unit and the unit's MRH shall be signed by both parties.

(e) Licensed units providing care shall have an agreement with their designated MRH, which shall include:

- (1) Printed or typed name of the medical director for the MRH that is responsible for emergency medical services unit agreement;
- (2) Printed or typed name of the medical director's designee, if appropriate;
- (3) Printed or typed name of the head of unit; and
- (4) The form shall be signed and dated by both parties listed above.

(f) EMT-intermediate and EMT-paramedic level medical control shall only be in effect while the unit has intermediate and/or paramedic provider(s) affiliated or through written ALS mutual aid agreements. The unit shall notify the division and the MRH within 10 days when it no longer has EMT-intermediate or EMT- paramedic provider(s) affiliated with it.

(f) The MRH shall maintain a current file of agreements, which includes the following:

- (1) The name, address and contact information of the MRH; and
- (2) An alphabetical list of unit agreements

(g) The complete list of agreements shall be kept current and copies shall be submitted to the division by the MRH.

(h) The MRH shall be responsible to keep the names of the Medical Director and his or her designee current with the division by submitting an updated list within 10 days of any changes.

Readopt with amendment Saf-C 5922.01, effective May 21, 2002 (Doc. #7690) cited and to read as follows:

#### PART Saf-C 5922 PATIENT CARE PROTOCOLS

##### Saf-C 5922.01 Procedures.

(a) Protocols for patient care shall be established by the EMS Medical Control Board in accordance with RSA 153-A:2 XVI,

(b) The patient care protocols shall include standing orders and on-line medical control for the following:

(1) treatment of adult medical emergencies; and

(2) treatment of pediatric medical emergencies.

(c) Currently licensed emergency medical providers;

(2) Receive verbal approval from the unit's provider in charge of the incident prior to beginning care to a patient; and

(3) Continue to provide care during transport of the patient; or

(4) Transfer patient care to another provider at the same licensing level for transport of the patient to a medical hospital/facility;

(5) Document all advanced care procedures performed while rendering care, which shall include the emergency care provider's current license number assigned by the division; and

(6) Submit all documentation to the unit in charge of the incident.

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

(1) The protocol title and number to which the prerequisites relate;

(2) The provider licensure level necessary to carry out the protocol;

- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.

Adopt Saf-C 5922.011 to read as follows:

Saf-C 5922.011 Protocol Prerequisite Application Form

- (a) Any unit applying for a protocol prerequisite approval shall obtain a protocol prerequisite application from the division and submit the completed form in accordance with this rule.
- (b) All information entered on the application form shall be:
  - (1) Typewritten; or
  - (2) Legibly printed in black ink.
- (c) Each applicant shall complete the application form by furnishing the information in (d) below, as follows:
  - (1) In writing wherever applicable; and
  - (2) By checkmark next to the corresponding response.
- (d) Each applicant shall provide the following:
  - (1) Applicant information, which shall include:
    - a. Legal name of unit;

- b. Mailing address;
- c. Physical address
- d. City or town of residence;
- e. State;
- f. Zip code;
- g. Head of unit
- h. Contact telephone number;
- i. Fax number, if available;
- j. E-mail address, if available;
- k. Medical Resource Hospital (MRH) name;
- l. MRH Medical Director, or designee name;
- m. Medical director contact phone number

(2) Type of application requested:

- a. Initial; or
- b. Renewal;

(3) The prerequisite application shall include the protocol title and number, for which the applicant is applying,

(4) The applicant shall submit supporting documentation for all elements listed in Saf-C 5922.01 (e) with a list of the licensed providers trained under Saf-C 5922.

(e) The form shall then be signed and dated by the head of unit, as the applicant, and the MRH medical director, or designee.

Repeal Saf-C 5922.03 – 5922.05, effective May 21, 2002 (Doc. #7690).

[Saf-C 5922.03 Paramedic Adult Protocols. Based upon patient assessment, paramedics performing prehospital care shall apply the following standing orders to each adult emergency condition specified below:

(a) The following medications referenced in this section are defined in the United States pharmacopeia, 2002 edition:

- (1) Albuterol;

- (2) Atropine;
- (3) Bretylium;
- (4) Epinephrine;
- (5) Glucagon;
- (6) Lactated ringer's solution;
- (7) Lidocaine;
- (8) Naloxone hydrochloride;
- (9) Nitroglycerine;
- (10) Normal saline solution;
- (11) Thiamine; and
- (12) 50 percent dextrose solution (D50).

(b) For adult anaphylaxis:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer epinephrine subcutaneously at a dose of 0.3 to 0.5 mg of a 1:1,000 solution; and
- (4) In life-threatening circumstances, administer epinephrine intravenously at a dose of 3.0 to 5.0 mg of a 1:10,000 solution.

(c) For adult asthma:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above; and
- (3) Administer albuterol via nebulizer at a dose of 2.5 mg in 2.5 to 3.0 ml of normal saline solution.

(d) For adult chest pain:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer nitroglycerin at a dose of 1/150 gr (0.4 mg) every 5 minutes not to exceed 3 doses; and
- (4) Administer aspirin at a dose not to exceed 325 mg.

(e) For adult chronic obstructive pulmonary disease (COPD):

- (1) Prepare and administer an intravenous infusion of normal saline solution;



- (2) Titrate for effect for (1) above; and
- (3) Administer albuterol via nebulizer at a dose of 2.5 mg in 2.5 to 3.0 ml of normal saline solution.

(f) For adult coma:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer thiamine intravenously as an IV push at a dose of 100 mg;
- (4) Administer 50 percent dextrose solution (D50) as an IV push at a dose of 25 grams;
- (5) Administer naloxone hydrochloride at a dose of 0.4 mg to 2.0 mg if patient does not respond to D50; and
- (6) When IV access is not possible for the administration of D50, administer glucagon at a dose of 0.5 mg to 1.0 mg diluted in one ml of dilutant or sterile water in the following manner:
  - a. Intramuscularly; or
  - b. Subcutaneously.

(g) For adult congestive heart failure (CHF):

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer nitroglycerin pill at a dose of 1/150 gr (0.4 mg); and
- (4) Repeat the administration of nitroglycerin every 5 minutes for a total of 3 doses.

(h) For adult diabetic emergencies:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer thiamine as an IV push at a dose of 100 mg;
- (4) Administer D50 as an IV push at a dose of 25 grams; and
- (5) When IV access is not possible for the administration of D50, administer glucagon at a dose of 0.5 mg to 1.0 mg diluted in one ml of dilutant or sterile water in the following manner:
  - a. Intramuscularly; or
  - b. Subcutaneously.

(i) For adult drug overdose or poisoning:

- (1) Follow adult coma protocol pursuant to (f) above if the person afflicted is not alert; or
- (2) Follow the protocol below if the person afflicted is alert:
  - a. Prepare and administer an intravenous infusion of normal saline solution; and
  - b. Titrate for effect for a. above.
- (j) For adult hyperthermia:
  - (1) Check patient core temperature to determine hyperthermia;
  - (2) Prepare and administer an intravenous infusion of normal saline solution; and
  - (3) Titrate for effect for (2) above.
- (k) For adult hypothermia:
  - (1) Check patient core temperature to determine hypothermia;
  - (2) Notify receiving hospital/facility as soon as possible;
  - (3) Prepare and administer a warmed intravenous infusion of normal saline solution;
  - (4) Titrate for effect for (3) above; and
  - (5) Refrain from performing CPR if the patient has an organized rhythm at any rate.
- (l) For obstetric emergencies:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (m) For adult seizures:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (n) For adult stroke:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (o) For adult syncope:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (p) For adult asystole:
  - (1) Follow adult trauma arrest protocol pursuant to (ab) below if asystole is due to trauma; or

(2) Follow the protocol listed below, if asystole is not due to trauma:

- a. Initiate and perform CPR;
- b. Confirm asystole by attaching ECG machine to the patient's body using 2 different leads;
- c. Perform endotracheal intubation;
- d. Prepare and administer an intravenous infusion of normal saline solution;
- e. Titrate for effect for d. above;
- f. Administer epinephrine as follows:
  - 1. Intravenously as an IV push at a dose of 1.0 mg of a 1:10,000 solution; or
  - 2. Via endotracheal tube at a dose of 2.5 mg of a 1:1,000 solution diluted with 10 ml of normal saline;
- g. Repeat f. above every 3 to 5 minutes;
- h. Administer atropine as follows:
  - 1. Intravenously as an IV push at a dose of 1.0 mg; or
  - 2. Via endotracheal tube at a dose of 2.5 mg diluted with 10 ml of normal saline; and
- i. Total administration of atropine in h. above shall not exceed .04 mg/kg.

(q) For adult pulseless electrical activity (PEA):

- (1) Follow adult trauma arrest protocol pursuant to (ab) below if PEA is due to trauma; or
- (2) Follow the protocol listed below, if PEA is not due to trauma:
  - a. Initiate and perform CPR;
  - b. Perform endotracheal intubation;
  - c. Prepare and administer an intravenous infusion of normal saline solution;
  - d. Titrate for effect for c. above;
  - e. Administer epinephrine as follows:
    - 1. Intravenously as an IV push at a dose of 1.0 mg of a 1:10,000 solution; or
    - 2. Via endotracheal tube at a dose of 2.5 mg of a 1:1,000 solution diluted with 10 ml of normal saline;
  - f. Repeat the administration of epinephrine in e. above every 3 to 5 minutes; and

g. If the patient is suffering from hypovolemia, perform trial volume infusion.

(r) For adult symptomatic bradycardia:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Titrate for effect for (1) above;
- (3) Administer atropine intravenously via IV push at a dose of 0.5 to 1.0 mg; and
- (4) Repeat the administration of atropine in (3) above every 3 to 5 minutes up to a total dosage of 0.04 mg/kg.

(s) For adult tachycardia:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(t) For adult ventricular fibrillation or pulseless ventricular tachycardia:

- (1) Prepare and attach portable defibrillator to patient;
- (2) Evaluate heart rhythm to determine ventricular fibrillation;
- (3) Defibrillate by delivering shock of 200 joules;
- (4) If normal heart rhythm is not restored, defibrillate by delivering shock of 200 to 300 joules;
- (5) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;
- (6) If normal heart rhythm is not restored, initiate and perform CPR;
- (7) Perform endotracheal intubation;
- (8) Prepare and administer an intravenous infusion of normal saline solution;
- (9) Titrate for effect for (8) above;
- (10) Administer epinephrine as follows:
  - a. Intravenously as an IV push at a dose of 1.0 mg of a 1:10,000 solution; or
  - b. Via endotracheal tube at a dose of 2.5 mg of a 1:1,000 solution diluted with 10 ml of normal saline;
- (11) Repeat administration of epinephrine in (10) above every 3 to 5 minutes as necessary;
- (12) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;
- (13) If normal heart rhythm is not restored, administer lidocaine as an IV push at a dose of 1.5 mg/kg;

(14) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;

(15) If normal heart rhythm is not restored, administer a second 1.5 mg/kg dose of lidocaine as an IV push;

(16) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;

(17) If normal heart rhythm is not restored, administer bretylium as an IV push at a dose of 5 mg/kg;

(18) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;

(19) If normal heart rhythm is not restored, administer bretylium as an IV push at a dose of 10 mg/kg; and

(20) If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules.

(u) For adult abdominal injuries:

(1) Prepare and administer 2 intravenous infusions using:

- a. Large bore IV lines; and
- b. Normal saline solution; or
- c. Lactated Ringer's solution; and

(2) Titrate for effect for (1) above.

(v) For adult burns which are second degree or third degree, and cover more than 10% of the body surface area:

(1) Prepare and administer an intravenous infusion of:

- a. Normal saline solution; or
- b. Lactated Ringer's solution; and

(2) Titrate for effect for (1) above.

(w) For adult near drowning:

(1) Initiate and perform CPR when person(s) affected:

- a. Has been submerged less than 2 hours; and
- b. Is in cardiac arrest.

(2) Prepare and administer an intravenous infusion of normal saline solution; and

(3) Titrate for effect for (2) above.

(x) For adult fractures:

- (1) Establish an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (y) For adult head injuries:
- (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (z) For adult shock:
- (1) Select large bore IV lines for the administration of one or 2 intravenous infusions;
  - (2) Prepare and administer 1 or 2 intravenous infusions of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (3) Titrate for effect for (2) above.
- (aa) For adult thoracic injuries:
- (1) Establish an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (ab) For adult trauma arrest:
- (1) Initiate and perform CPR;
  - (2) Select large bore IV lines for the administration of one or 2 intravenous infusions;
  - (3) Prepare and administer one or 2 intravenous infusions of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (4) Titrate for effect for (3) above.

Saf-C 5922.04 Paramedic Pediatric Protocols. Based upon patient assessment, paramedics performing prehospital care shall apply the following standing orders to each pediatric emergency condition specified below:

(a) The following medications referenced in this section are defined in the United States pharmacopeia, 2002 edition:

- (1) Albuterol;
- (2) Atropine;
- (3) Epinephrine;
- (4) Lactated ringer's solution;
- (5) Normal saline solution; and
- (6) 50 percent dextrose solution (D50).

(b) For pediatric anaphylaxis:

- (1) Prepare and administer an intravenous infusion of normal saline solution at a dose of 20 ml/kg as an IV bolus;
- (2) Prepare and administer an intraosseous infusion of normal saline solution at a dose of 20 ml/kg as an IV bolus if IV access in (1) above is not possible;
- (3) Administer epinephrine subcutaneously at a dose of 0.01 mg/kg of a 1:1,000 solution; and
- (4) Repeat the administration of epinephrine in (3) above to a total maximum dosage of 0.3 mg.

(c) For pediatric asthma:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (1) above is not possible;
- (3) Titrate for effect for (1) or (2) above; and
- (4) Administer albuterol via nebulizer at a dose of 2.5 mg in 2.5 to 3.0 ml of normal saline solution.

(d) For pediatric coma:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (1) above is not possible; and
- (3) Titrate for effect for (1) or (2) above;

(e) For pediatric diabetic emergencies:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (1) above is not possible;

- (3) Titrate for effect for (1) or (2) above; and
- (4) Administer dextrose at the following dosages:
  - a. For pediatric patients, administer D50 as an IV push at a dose of 0.5 gm/kg; and
  - b. For infant patients, administer D25 as an IV push at a dose of 0.5 gm/kg.
- (f) For pediatric drug overdose or poisoning:
  - (1) Follow pediatric coma protocol pursuant to (d) above if the person afflicted is not alert;
  - (2) If the person is alert, prepare and administer an intravenous infusion of normal saline solution;
  - (3) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (2) above is not possible; and
  - (4) Titrate for effect for (2) or (3) above.
- (g) For pediatric hyperthermia by checking patient core temperature.
- (h) For pediatric hypothermia:
  - (1) Check patient core temperature;
  - (2) Notify receiving hospital/facility as soon as possible; and
  - (3) Initiate and perform CPR if no pulse is detected.
- (i) For neonatal emergencies:
  - (1) Initiate CPR when heart rate is less than 60 beats per minute;
  - (2) Prepare and administer an intravenous infusion of normal saline solution;
  - (3) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (2) above is not possible; and
  - (4) Titrate for effect for (2) or (3) above.
- (j) For pediatric seizures:
  - (1) Prepare and administer an intravenous infusion of normal saline solution;
  - (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (1) above is not possible; and
  - (3) Titrate for effect for (1) or (2) above.
- (k) For pediatric asystole:
  - (1) Follow pediatric trauma arrest pursuant to (w) below if asystole is due to trauma; or



(2) Follow the protocol below if asystole is not due to trauma:

- a. Initiate and perform CPR;
- b. Confirm asystole by attaching ECG machine to the patient's body using 2 different leads;
- c. Perform endotracheal intubation, when possible;
- d. Prepare and administer an intravenous infusion of normal saline solution;
- e. Prepare and administer an intraosseous infusion of normal saline solution if IV access in d. above is not possible;
- f. Titrate for effect for d. or e. above;
- g. Administer epinephrine as follows:
  1. Intravenously or intraosseously at a dose of 0.01 mg/kg in a 1:10,000 solution; or
  2. Via ETT at a dose of 0.1 mg/kg of a 1:1,000 solution diluted with 3.5 ml of normal saline solution;
- h. Repeat g. above every 5 minutes, as needed;
- i. Administer atropine intravenously or intraosseously at a dose of 0.02 mg/kg, not to exceed a total dosage of .04 mg/kg; and
- j. Notwithstanding i. above, the minimum dose of atropine shall be 0.1 mg.

(l) For PEA:

(1) Follow pediatric trauma arrest protocol pursuant to (w) below if PEA is due to trauma; or

(2) Follow the protocol below if PEA is not due to trauma:

- a. Perform endotracheal intubation when possible;
- b. Initiate and perform CPR;
- c. Prepare and administer an intravenous infusion of normal saline solution;
- d. Prepare and administer an intraosseous infusion of normal saline solution if IV access in c. above is not possible;
- e. Titrate for effect for c. or d. above; and
- f. Administer epinephrine as follows:
  1. Intravenously or intraosseously at a dose of 0.01 mg/kg of a 1:10,000 solution; or
  2. Via ETT at a dose of 0.1 mg/kg of a 1:1,000 solution diluted with 3.5 ml of normal saline solution.

(m) For pediatric tachycardia:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access is (1) above is not possible; and
- (3) Titrate for effect for (1) or (2) above.

(n) For pediatric ventricular fibrillation or pulseless ventricular tachycardia:

- (1) Perform endotracheal intubation, when possible;
- (2) Prepare and attach portable defibrillator to patient;
- (3) Evaluate heart rhythm to determine ventricular fibrillation or pulseless ventricular tachycardia;
- (4) Defibrillate by delivering shock of 2 joules/kg;
- (5) If normal heart rhythm is not restored, defibrillate by delivering shock of 4 joules/kg;
- (6) If normal heart rhythm is not restored, defibrillate by delivering shock of 4 joules/kg;
- (7) Prepare and administer an intravenous infusion of normal saline solution;
- (8) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (7) above is not possible;
- (9) Titrate for effect for (7) or (8) above;
- (10) Administer epinephrine as follows:
  - a. Intravenously or intraosseously at a dose of 0.01 mg/kg of a 1:10,000 solution; or
  - b. Via ETT at a dose of 0.1 mg/kg of a 1:1,000 solution diluted with 3.5 ml of normal saline solution;
- (11) Repeat (10) above every 5 minutes, as needed;
- (12) Administer atropine as an IV push at a dose of 0.02 mg/kg, not to exceed a total dosage of .04 mg/kg; and
- (13) Notwithstanding (12) above, the minimum dose of atropine shall be 0.1 mg.

(o) For pediatric ventricular tachycardia, stable with pulse:

- (1) Prepare and administer an intravenous infusion of normal saline solution;
- (2) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (1) above is not possible; and
- (3) Titrate for effect for (1) or (2) above;

(p) For pediatric abdominal injuries:

(1) Prepare and administer an intravenous infusion of:

- a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
- b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus; or

(2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:

- a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
- b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus.

(q) For pediatric burns which are second degree, third degree and cover more than 10% of the body surface area:

(1) Prepare and administer an intravenous infusion of:

- a. Normal saline solution of 20 ml/kg as an IV bolus; or
- b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus; or

(2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:

- a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
- b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus.

(r) For pediatric near drowning:

(1) Initiate and perform CPR when person(s) affected:

- a. Has been submerged less than 2 hours; and
- b. Is in cardiac arrest;

(2) Prepare and administer an intravenous infusion of normal saline solution;

(3) Prepare and administer an intraosseous infusion of normal saline solution if IV access in (2) above is not possible; and

(4) Titrate for effect for (2) or (3) above.

(s) For pediatric fractures:

(1) Prepare and administer an intravenous infusion of:

- a. Normal saline solution; or
- b. Lactated Ringer's solution; and

(2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:

- a. Normal saline solution; or

- b. Lactated Ringer's solution; and
  - (3) Titrate for effect for (1) or (2) above.
- (t) For pediatric head injuries:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (3) Titrate for effect for (1) or (2) above.
- (u) For pediatric shock:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
    - b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus; and
  - (2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:
    - a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
    - b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus.
- (v) For pediatric thoracic injuries:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
    - b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus; and
  - (2) If IV access in (1) above is not possible, prepare and administer an intraosseous infusion of:
    - a. Normal saline solution at a dose of 20 ml/kg as an IV bolus; or
    - b. Lactated Ringer's solution at a dose of 20 ml/kg as an IV bolus.
- (w) For pediatric trauma arrest:
  - (1) Initiate and perform CPR;
  - (2) Select large bore IV lines for the administration of one or 2 intravenous infusions;

- (3) Prepare and administer one or 2 intravenous infusions of:
  - a. Normal saline solution; or
  - b. Lactated Ringer's solution;
- (4) If IV access in (3) above is not possible, prepare and administer an intraosseous infusion of:
  - a. Normal saline solution; or
  - b. Lactated Ringer's solution; and
- (5) Titrate for effect for (3) and (4) above.

Saf-C 5922.05 EMT-Intermediate Adult Protocols. Based upon patient assessment, EMT-intermediate providers performing prehospital care shall apply the following standing orders to each adult emergency condition specified below:

(a) The following medications referenced in this section are defined in the United States pharmacopeia, 2002 edition:

- (1) Lactated ringer's solution; and
- (2) Normal saline solution.
- (b) For adult anaphylaxis:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (c) For adult asthma:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (d) For adult chest pain:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (e) For adult chronic obstructive pulmonary disease (COPD):
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.
- (f) For adult coma:
  - (1) Prepare and administer an intravenous infusion of normal saline solution; and
  - (2) Titrate for effect for (1) above.

(g) For CHF:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(h) For adult diabetic emergencies:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(i) For adult drug overdose or poisoning:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(j) For adult hyperthermia:

- (1) Check patient core temperature;
- (2) Prepare and administer an intravenous infusion of normal saline solution; and
- (3) Titrate for effect for (2) above.

(k) For adult hypothermia:

- (1) Check patient core temperature; and
- (2) Notify receiving hospital/facility as soon as possible.

(l) For obstetric emergencies:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(m) For adult seizures:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(n) For adult stroke:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(o) For adult syncope:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(p) For adult asystole:

(1) Follow adult trauma arrest protocol pursuant to Saf-C 5922.03(ab) if asystole is due to trauma; or

(2) Follow the protocol below if asystole is not due to trauma:

- a. Initiate and perform CPR;
- b. Confirm asystole by attaching ECG machine to the patient's body using 2 different leads;
- c. Perform:
  - 1. Endotracheal intubation; or
  - 2. Insertion of esophageal obturator or other blind insertion airway;
- d. Prepare and administer an intravenous infusion of normal saline solution; and
- e. Titrate for effect for d. above.

(q) For PEA:

(1) Follow adult trauma arrest protocol pursuant to Saf-C 5922.03(ab) if the condition is due to trauma; or

(2) Follow the protocol below if PEA is not due to trauma:

- a. Initiate and perform CPR;
- b. Perform:
  - 1. Endotracheal intubation; or
  - 2. Insertion of esophageal obturator or other blind insertion airway; and
- c. Prepare and administer an intravenous infusion of normal saline solution; and
- d. Titrate for effect for c. above.

(r) For adult symptomatic bradycardia:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(s) For adult symptomatic premature ventricular contractions (PVC's):

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(t) For adult tachycardia:

- (1) Prepare and administer an intravenous infusion of normal saline solution; and
- (2) Titrate for effect for (1) above.

(u) For adult ventricular fibrillation or pulseless ventricular tachycardia:

- (1) Follow intermediate trauma arrest protocol pursuant to (ac) below if ventricular fibrillation or pulseless ventricular tachycardia is due to trauma; or
- (2) Follow the protocol below if ventricular fibrillation or pulseless ventricular tachycardia is not due to trauma:
  - a. Prepare and attach portable defibrillator to patient;
  - b. Evaluate heart rhythm to determine ventricular fibrillation or pulseless ventricular tachycardia;
  - c. Defibrillate by delivering shock of 200 joules;
  - d. If normal heart rhythm is not restored, defibrillate by delivering shock of 200 to 300 joules;
  - e. If normal heart rhythm is not restored, defibrillate by delivering shock of 360 joules;
  - f. If normal heart rhythm is not restored, initiate and perform CPR;
  - g. Perform:
    1. Endotracheal intubation; or
    2. Insertion of esophageal obturator or other blind insertion airway;
  - h. Prepare and administer an intravenous infusion of normal saline solution; and
  - i. Titrate for effect for h. above.

(v) For adult abdominal injuries:

- (1) Prepare and administer an intravenous infusion of:
  - a. Normal saline solution; or
  - b. Lactated Ringer's solution; and
- (2) Titrate for effect for (1) above.

(w) For adult burns which are second degree or third degree, and cover more than 10% of the body surface area:

- (1) Prepare and administer an intravenous infusion of:
  - a. Normal saline solution; or
  - b. Lactated Ringer's solution; and
- (2) Titrate for effect for (1) above.

(x) For adult near drowning:

- (1) Initiate and perform CPR when person(s) affected:



- a. Has been submerged less than 2 hours; and
  - b. Is in cardiac arrest;
- (2) Prepare and administer an intravenous infusion of normal saline solution;
- (3) Titrate for effect for (2) above; and
- (4) Perform:
  - a. Endotracheal intubation; or
  - b. Insertion of esophageal obturator or other blind insertion airway.
- (y) For adult fractures:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (z) For adult head injuries:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (aa) For adult shock:
  - (1) Prepare and administer one or 2 intravenous infusions using:
    - a. Large bore IV lines; and
    - b. Normal saline solution; or
    - c. Lactated Ringer's solution.
  - (2) Titrate for effect for (1) b. or c. above.
- (ab) For thoracic injuries:
  - (1) Prepare and administer an intravenous infusion of:
    - a. Normal saline solution; or
    - b. Lactated Ringer's solution; and
  - (2) Titrate for effect for (1) above.
- (ac) For adult trauma arrest:
  - (1) Initiate and perform CPR;

- (2) Perform:
  - a. Endotracheal intubation; or
  - b. Insertion of esophageal obturator or other blind insertion airway.
- (3) Select large bore IV lines for the administration of one or 2 intravenous infusions;
- (4) Prepare and administer one or 2 intravenous infusions of:
  - a. Normal saline solution; or
  - b. Lactated Ringer's solution; and
- (5) Titrate for effect for (4) above.]

Adopt Saf-C 5923 to read as follows:

PART Saf-C 5923 QUALITY MANAGEMENT PROGRAM

Saf-C 5923.01 Scope. The scope of these quality management administrative rules will apply to EMS Units who implement a quality management program.

Saf-C 5923.02 Quality Management Program Requirements.

(a) Upon implementation of a quality management program a unit shall be accredited by the Commission on the Accreditation of Ambulance Services (CAAS); or

(b) The unit shall establish the following:

- (1) A written plan outlining system operations and care provided to the patients;
- (2) The written plan shall include the following 3 activities in the document:
  - a. Prospective, meaning those activities that are likely to occur before to an event;
  - b. Concurrent, meaning those activities that may coincide at the same time as an event; and
  - c. Retrospective, meaning those activities that occur following an event.

(3) The following are aspects that shall, at minimum, be included in the written plan:

a. Prospective:

1. Patient care, including:

(i) Protocol testing implementation; and

(ii) Necessary certifications;

2. System operations, including;

(i) EMS Provider background checks; and

(ii) Orientation to EMS Units policies and procedures;

b. Concurrent:

1. Probationary employee preceptor plan; and

2. Annual Protocol review with testing;

c. Retrospective:

1. Patient care records review of encounters;

2. System operations to include:

(i) Unusual occurrences;

(ii) Customer or community satisfaction;

(iii) Written communications between EMS unit leaders and EMS providers;

(iv) Written communications between EMS providers;

(4) The quality management (QM) program shall include a QM team;

(5) The QM team shall include, at minimum, the following members who shall meet at least quarterly:

- a. Head of unit, or designee;
- b. Training officer;
- c. Two EMS Providers, one which shall be the highest level provider on the unit roster;  
and
- d. The medical director, or designee;

(6) The Team, referenced in (5) above, shall identify all additional criteria required to be monitored beyond those listed in (3) above:

(7) The written plan shall be kept on file and updated yearly;

(8) The written plan, referenced in (7) above, shall be formatted as outlined in (1), (2) and (3) above, and shall additionally include the following:

- a. Unit demographics;
- b. Number of unusual occurrences reported;
- c. Number of unusual occurrences in previous years report;
- d. Detailed description as to how the previous years unusual occurrences were addressed in order to decrease incidents;
- e. Customer satisfaction issues that have been reported, both positive and negative;

- f. Customer satisfaction issues that needed correction or attention from the previous reporting period; and
  - g. A summary of each action taken for customer service issues reported during the previous QM report.
- (c) The written plan shall be made available for review by the division upon request as per Chapter 21-P:12-b (g).
- (d) All quality management program requirements included in this section are protected from discovery in accordance with RSA 153-A:34 II.